

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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2	<del>✓</del>						52				
3	<del>✓</del>						53				
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16	<del>✓</del>						66				
17	<del>✓</del>						67				
18	<del>✓</del>						68				
19	<del>✓</del>						69				
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21	<del>✓</del>						71				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	<del>✓</del>		<del>✓</del>		<del>✓</del>		TOTAL IND.		<del>✓</del>		<del>✓</del>
TOTAL DEP.	<del>✓</del>		<del>✓</del>		<del>✓</del>		TOTAL DEP.		<del>✓</del>		<del>✓</del>
TOTAL CLAIMS	<del>✓</del>		<del>✓</del>		<del>✓</del>		TOTAL CLAIMS		<del>✓</del>		<del>✓</del>

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS